

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

115

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Richard

Cantu

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

11015 Catamore Houston, TX 77076

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

694-1160

—

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Yvonne

Cantu

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

11015 Catamore

Houston, TX

77076

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

694-1160

—

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

9 / 22 / 03

10 / 04 / 03

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 04 / 03

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

City Council, DIST. H

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Richard Cantu

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 225.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2350.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 55.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1457.29

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1062.71

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____
of _____, 20_____, to certify which, witness my hand and seal of office.

this, the _____ day

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 1/1	
2 FILER NAME Richard Cantu		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/26/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: B.L. STOKES, LTD. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stokes Hardware & Supply Co. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carlos De Hoyos Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maria Teresa Bolanos Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/1/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elmer + Betty White Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/1	
2 FILER NAME Richard Cantu		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/3/03	5 Payee name City of Houston- 6 Payee address; City; State; Zip Code 8000 N. Stadium Hou. TX	7 Amount (\$) 60.00	
8 Purpose of payment (See instructions regarding type of information required.) Food Permit		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1/1

2 FILER NAME

Richard Cantu

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/26/03

5 Payee name

Sprint Digital Sprint

6 Payee address; City; State; Zip Code

10100 Clay Rd. Ste. C Hou. TX 77080

7 Purpose of expenditure (See instructions regarding type of information required.)

Yard signs

8 Amount (\$)

1293.59

☒ Reimbursement from political contributions intended

Date

10/4/03

Payee name

Office Max

Payee address; City; State; Zip Code

11314 I-45 North Hou. TX 77037

Purpose of expenditure (See instructions regarding type of information required.)

Printing

Amount (\$)

56.09

☒ Reimbursement from political contributions intended

Date

10/4/03

Payee name

Office Max

Payee address; City; State; Zip Code

11314 I-45 N. Hou. TX 77037

Purpose of expenditure (See instructions regarding type of information required.)

Copies

Amount (\$)

13.64

☒ Reimbursement from political contributions intended

Date

10/4/03

Payee name

Office Max

Payee address; City; State; Zip Code

11314 I-45 N. Hou. TX 77037

Purpose of expenditure (See instructions regarding type of information required.)

Paper / Copies

Amount (\$)

33.97

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED